

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): NORRIS et al.

Application No.:

Filed:

Title: PARTITIONED VECTOR
PROCESSING

Attorney Docket No.: CML00104D

Group Art Unit:

Examiner:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Dear Sir:

This Information Disclosure Statement is submitted:

- ☒ under 37 CFR §1.97(a), or
(Accompanies the new patent application submitted herewith.)
- ☐ under 37 CFR 1.97(b), or
(Within three months of filing national application; or date of entry of international application; or before mailing date of first office action on the merits; whichever occurs last.)
- ☐ under 37 CFR 1.97(c) together with either a:
☐ Statement under 37 CFR 1.97(e), or
☐ a \$180.00 fee under 37 CFR 1.17(p), or
(After the CFR 1.97(b) time period, but before final action or notice of allowance, whichever occurs first.)
- ☐ under 37 CFR 1.97(d) together with a:
☐ Statement under 37 CFR 1.97(e), and
☐ a \$180.00 fee set forth in 37 CFR 1.17(p).
(Filed after final action or notice of allowance, whichever occurs first, but before payment of the issue fee.)

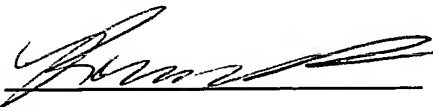
☒ Applicant(s) submit herewith Form PTO 1449-Information Disclosure Citation together with copies, of patents, publications or other information of which applicant(s) are aware, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

It is requested that the information disclosed herein be made of record in this application.

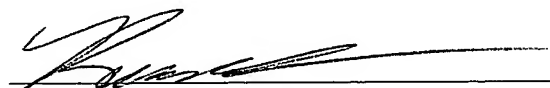
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail EU621276719US in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date of Deposit: September 8, 2003

Typed Name: Renee Michelle Larson

Signature: 

Respectfully submitted,



Renee Michelle Larson

Attorney/Agent for Applicant(s)

Reg. No. 36193

Date: September 8, 2003

Telephone No.: 301-668-3073

Substitution for form 1449B/PTO <div style="text-align: center;"> INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i> </div>				<div style="text-align: center;">Complete if Known</div>	
				Application Number	
				Filing Date	
				First Named Inventor	James M. NORRIS
				Group Art Unit	
				Examiner Name	
Sheet	2	of	2	Attorney Docket Number	CML00104D

[illegible]

Examiner Signature		Date Considered	
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Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231**